

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3105AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2008
NAME OF PROVIDER OR SUPPLIER BILLMAN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 3646 BILLMAN AVE LAS VEGAS, NV 89121		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/19/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 1 - 6 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons.</p> <p>The census at the time of the survey was 4. Four resident files and 2 closed resident files were reviewed and 3 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey. Complaint #NV00017024 Substantiated (Tags Y0026, Y0072, YA0566, Y0878, Y0923, Y0960)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p><i>Acceptable POC</i> <i>Seeger</i> <i>5/7/09</i></p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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Y 026 Y 026 SS=F	<p>Continued From page 1</p> <p>449.190(3) Contents of License-Multiple Types</p> <p>NAC 449.190</p> <p>3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility was caring for 2 of 4 persons currently living in the facility and 2 of 2 discharged residents with mental illnesses and Alzheimer's disease without an endorsement and failed to obtain the necessary training to care for such persons.</p> <p>Findings include:</p> <p>Resident #2 was admitted on 11/24/06 with diagnoses including Advanced Dementia, Hypertension, Cardiac Arrhythmia, Improved Anemia and Urinary Tract Infection.</p> <p>On 12/19/08 at 1:25 PM, Resident #2 indicated she was just visiting the facility and lived in another city. The resident was not sure of the date, but thought it may be after Christmas and New Year's was tonight. The resident informed the surveyor the new president came from Las Vegas and looked like us. The resident revealed she drove her car to the bank to get her money.</p> <p>Employee #2 indicated the family and physician wanted Resident #2 to reside in the facility. The</p>	Y 026 Y 026	<p><i>See enclosed physicians document about resident #2.</i></p> <p><i>on 12-23-08</i></p> <p><i>Y026 after the survey, resident #2 was re-evaluated by her physician and enclosed are the results done by her physician. Document # 1+2. administrator will monitor for compliance.</i></p> <p><i>This deficient practice will not occur again.</i></p> <p><i>monitor for compliance with admission.</i></p>	

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Y 026	<p>Continued From page 2</p> <p>employee noted the resident had a dementia diagnosis, but felt since the family and physician wanted the resident to stay in the facility it would be all right. The Physician Statement, dated 12/8/06 indicated the resident was a Category 2.</p> <p>Resident #4 was admitted on 8/7/08 with diagnoses including Depression with Paranoia, Uterine Cancer with Hysterectomy, Arthritis and Psychosis NOS. The resident had been a patient at a behavioral health hospital on 7/23/08.</p> <p>Employee #2 revealed resident #4 refused medications and was no longer on any medications.</p> <p>Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. Diagnoses included Urinary Tract Infection, Psychosis, Dementia, Hypertension, Depression, Memory Loss, History of Seizure Disorder, History of Gastroenteritis, Anxiety Disorder and Panic Disorder with Agoraphobia. The medical records indicate the resident's medications included Namenda, Dilantin, Alprazolam (Xanax) and Lexapro.</p> <p>Employee #2 indicated she installed a slide lock on the top of the front door due to Resident #5 eloping from the facility. The employee revealed the resident complained of her pressure being high and wanting to go to the hospital. The employee indicated the resident was confused and felt it was in the resident's head she was ill. The employee explained the resident was admitted from a behavioral health hospital and had a mental problem.</p> <p>Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. Diagnoses included Alzheimer's Disease, Dementia, Diabetes,</p>	Y 026	<p><i>Resident # 4 was re-evaluated by her physician after the survey and enclosed are the results made by the physician. the administrator will monitor for compliance. the facility will be careful not to repeat the deficiency done.</i></p> <p><i>Resident # 5 is no longer living in the facility.</i></p> <p><i>Evaluate the residents criteria to make sure that the residents will meet criteria.</i></p> <p><i>Assessing the residents using the assessment form to document, make sure that the deficiency will not happen again. This will be monitored by the administrator and the owner.</i></p>		

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Y 026	Continued From page 3 Diverticulitis, Congestive Heart Failure and Chronic Atrial Fibrillation. The medical records indicated the resident's medications included Aricept and Insulin Novolin 70/30. Employee #2 revealed she would check the resident's blood sugar twice a day then draw up the Insulin into the syringe to assure the correct dose of medication. The employee indicated the resident gave her own injections. The employee also indicated the lock was left on the front door because Resident #6 would try to leave the facility to walk outside. Employee #1, #2 and #3 did not receive any training in 2008. Severity: 2 Scope: 3 Complaint #NV00017024	Y 026	<i>Resident # is no longer living in the facility.</i> <i>We'll make sure that the deficiency will not occur again by assessing each resident properly using assessment form for residents and physicians assessment.</i> <i>The owner & the administrator will monitor for compliance.</i>		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

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Y 050	Continued From page 4 This Regulation is not met as evidenced by: Based on interview, record review and observation, the administrator failed to provide oversight and direction to the staff to ensure 4 of 4 residents received the needed services and protective supervision. Findings include: Please refer to Tags Y0072, Y0103, Y0104, Y0105, Y0272, Y0273, Y0435, Y0773, Y0870, Y0876, Y0877, YA0890, Y0923, Y0938, Y0940, Y0936 Severity: 2 Scope: 3	Y 050	<i>on 12-20-09 after the survey, the whole staff referred to Tags Y0072, Y0103, Y0104, Y0105, Y0272, Y0273, Y0435, Y0773, Y0870, Y0876, Y0877, YA0890, Y0923, Y0938, Y0940, Y0936. It has corrected and understood to give needed services + protective supervision to all residents. The administrator will monitor for compliance. The deficient practice will not occur again. The owner will monitor too for compliance. Check on a daily basis, to ensure that residents will receive needed services.</i>		
Y 072 SS=F	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.	Y 072	<i>Note: could not identify Tag 104. See responses to above tags individually.</i>		

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Y 072	Continued From page 5 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 3 of 3 caregivers had completed the required three hour medication management refresher training every three years (Employee #1, #2 and #3). Findings include: Employee #1 was hired on 3/5/05. The employee file revealed the last medication course was completed in January 2005. There was no documented evidence of a medication refresher training completed in 2008. Employee #2 was hired on 3/5/05. The employee file revealed the last medication course was completed on March 10, 2005. There was no documented evidence of a medication refresher training completed in 2008. Employee #3 was hired on 3/5/05. The employee file revealed the last medication course was completed on March 10, 2005. There was no documented evidence of a medication refresher training completed in 2008. Employee #2 indicated she was not aware she needed to take a refresher course for medication management. Severity: 2 Scope: 3 Complaint #NV00017024	Y 072		
Y 102 SS=C	449.200(1)(c) Personnel File - Training Records	Y 102	<p><i>Employee 1, 2 + 3 will take refresher course on medication management and it will be completed by 6-10-09. The administrator will monitor for compliance. Employee # 1 & 2 are scheduled to take medication course. Refresher course will be done every year. This deficient practice will not occur again. The owner will monitor this deficient practice. All staff will take refresher course yearly, as required.</i></p>	

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Y 102	Continued From page 6 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (c) Records relating to the training received by the employee. This Regulation is not met as evidenced by: Based on interview and personnel file reviews, the facility failed to ensure 3 of 3 employees received not less than 8 hours of training annually related to providing for the needs of the residents (Employee #1, #2 and #3). Findings include: Employee #1 was hired on 3/5/05. There was no documented evidence of any training hours in 2008. Employee #2 was hired on 3/5/05. There was no documented evidence of any training hours in 2008. Employee #3 was hired on 3/5/05. There was no documented evidence of any training hours in 2008. Employee #2 revealed she did not receive any information regarding available classes for 2008. The employee indicated she did not request any information regarding available classes. Severity: 1 Scope: 3	Y 102	Every January, the administrator & owner will check and make sure that all employees will take refresher course; as complied. Employee 1 & 2 have enrolled for medication management on 6-9+10; as complied. Will sent document after seminar. after the survey, Employee #1, 2 + 3 will take 8 hrs. training every year as complied. Employee 2+3 are enrolled in caregiver 101 in 5-27-09. Administrator will monitor for compliance. The owner must see to it that all employees will take 8 hrs. training every year. Certificate for training classes will be sent to HCQC after course. This deficiency will not occur again.	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A	Y 103		

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Y 103	<p>Continued From page 7</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have</p>	Y 103	<p>The owner and administrator will make sure that this deficient practice will not occur again. Both owner and administrator will monitor for compliance. We'll make sure that TB testing will be done every year to all employees and residents as required.</p>	

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Y 103	<p>Continued From page 8</p> <p>a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and</p>	Y 103	<p>all physical Exam and TB testing will be done on a yearly basis.</p> <p>The administrator and the owner will monitor for compliance.</p> <p>this deficiency practice will not occur again.</p> <p>See enclosed documents.</p>		

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Y 103	<p>Continued From page 9</p> <p>Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on interview and record review, the facility failed to ensure 3 of 3 employees had the required tuberculosis (TB) documentation and/or TB skin testing (Resident #1, #2 and #3).</p> <p>Findings include:</p> <p>Employee #1 was hired on 3/5/05. The employee's file did not contain documentation the resident completed the required two-step TB skin testing and did not contain documented evidence of an annual TB skin test.</p> <p>Employee #2 was hired on 3/5/05. The employee's file contained proof the employee tested positive for TB on 3/15/05 and a negative chest x-ray report dated 3/16/05, 10/12/06 and 4/19/07. The file did not contain a TB symptom surveillance form or a copy of a negative chest x-ray report required for those who test positive for TB in 2008.</p> <p>Employee #3 was hired on 3/5/05. The file contained documentation the employee completed the required two-step TB skin testing on 6/13/05. The file did not contain proof the</p>	Y 103	<p>after the survey, employee #1 did very TB test on 2/24/09. The administrator completed by 5-5-09 will monitor for yearly test.</p> <p>after the survey, employee #2 has her x-ray scan on 2-03-09. The TB test was positive before; that's why x-ray scan was done most. Employee #2 will have PPD by 5-15-09 to demonstrate positive PPD.</p> <p>after the survey, employee #3 had his TB test on 2-9-09. The administrator will monitor for yearly test.</p>	

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NAME OF PROVIDER OR SUPPLIER BILLMAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3646 BILLMAN AVE LAS VEGAS, NV 89121		
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Y 103	Continued From page 10 employee received an annual one-step TB skin test for 2008. The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage Employee #2 indicated she was not aware she was required to complete an annual signs and symptoms checklist. Severity: 2 Scope: 3 This is a repeat deficiency from the survey completed on 8/21/07.	Y 103	<i>on 12-20-09 after the survey, all employees went to have physical exam and everybody was in good health and free from any contagious disease. The administrator will monitor for compliance. The owner will monitor too to avoid reoccurrence of deficiencies. This deficiency will not happen again as complied. See enclosed documents, for compliance.</i>	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 Investigation of criminal history of applicant for license to operate certain facility. 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. 2. The Central Repository for Nevada	Y 105	<i>Employee #2 has TB signs and symptoms forms completed until positive PPD is obtained allowing for chest X-ray.</i>	

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Y 105	Continued From page 11 Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the Health Division of whether the applicant has been convicted of such a crime. (Added to NRS by 1997, 442) Based on record review, the facility failed to ensure 1 of 3 employees had met the background check requirements for criminal history (Employee #3). Findings include: Employee #3 was hired on 3/5/05. The employee file contained two copies of the employee's fingerprints dated 11/15/06. The file did not contain a background check report from the Nevada repository. Severity: 2 Scope: 1	Y 105	<i>Y102 - Employee #1 will receive caregiver 101 training on 5-28-09 by owner. a training form will be maintained showing topic, time & instructor.</i> <i>See enclosed criminal history statement for each employee.</i> <i>Y105 after the survey, on 4-08-09 employee #3 did another fingerprint and waiting for background check report from Nevada repository - DPS. The administrator will monitor for compliance.</i> <i>Employee #3 did not receive his result, state why, he did another fingerprint. See copies enclosed. This deficiency will not occur again. We'll sent the results of employee #3 fingerprint once we received it.</i>	
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review, the facility failed to	Y 106		

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Y 106	Continued From page 12 ensure 1 of 3 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #1). Findings include: Employee #1 was hired 3/5/05. Cardiopulmonary resuscitation and First Aid training certification expired 5/5/06. There was no documented evidence of a current certification. Severity: 2 Scope: 1	Y 106			
Y 152 SS=A	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure Bureau of Licensure and Certification (BLC) endorsement providing for a notice of 30 days to BLC before the effective date of a cancellation or nonrenewal of the policy. Findings include: Certificate of Liability Insurance policy did not contain an endorsement to the bureau.	Y 152	<p><i>after the survey, employee #1 took her first aid requirements on 2-6-09 with American Red Cross. The administrator will monitor for compliance.</i></p> <p><i>This deficiency practice will not occur again. Check employee's expiration date every 3 months to make sure that everybody will have their up to date. See enclosed documents as copied.</i></p> <p><i>after the survey, the certificate of Liability Insurance was renewed on 3/18/09 with HCC Surety Group.</i></p>		

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Y 274	Continued From page 15	Y 274		
Y 274 SS=C	<p>449.2175(5) Service of Food - Substitutions</p> <p>NAC 449.2175</p> <p>5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to document menu substitutions.</p> <p>Findings include:</p> <p>On 12/19/08, barbecue beef was listed by number 19. A sandwich, can corn and sliced tomato was served for lunch.</p> <p>Employee #2 indicated the facility would cook what they wanted and did not follow the list of food. The employee indicated she was not aware a specific menu was required for each meal and substitutions were to be written on the menu. The employee revealed the list of food was being used when she took ownership of the facility and continued to use the same list.</p> <p>Severity: 1 Scope: 3</p>	Y 274		
Y 435 SS=F	<p>449.229(4) Fire Extinguisher; Inspection</p> <p>NAC 449.229</p> <p>4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by</p>	Y 435	<p><i>after the survey, on 12-20-09 menus were changed and corrected and posted for reference. The administrator will monitor for compliance. The owner will help to monitor and implement the correct menus on a daily basis.</i></p> <p><i>This deficiency practice will not happen again.</i></p>	

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Y 435	Continued From page 16 a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 2 of 2 facility fire extinguishers were inspected annually. Findings include: During the survey, it was observed the 2 facility fire extinguisher was last inspected on 3/7/07. Severity: 2 Scope: 3	Y 435	<i>after the survey, fire extinguishers were checked and dated on 12-19-08. the administrator will monitor that fire extinguishers must be inspected annually. see enclosed fire drill forms and smoke detectors that done monthly as complied.</i>		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure smoke detectors were tested 12 out of the past 12 months (January, February, March, April, May, June, July, August, September, October, November and December of 2008). Findings include: There was no documented evidence the smoke detectors were checked. Upon tour of the facility, the only smoke detector visualized was located in	Y 444	<i>after the survey, on 12-20-09 smoke detectors was checked and corrected & recorded. the administrator will monitor for compliance. this deficiency will not occur again.</i>		

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Y 444	Continued From page 17 the caregiver's bedroom. Employee #2 indicated she was not aware of checking smoke detectors or having smoke detectors in the facility. Severity: 2 Scope: 3	Y 444		
Y 455 SS=D	449.231(2)(e) First Aid Kit - <u>CPR Mask</u> NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and observation, the facility failed to ensure a shield or mask was available to staff. Findings include: During examination of the first aid kit, it was observed a mask or shield was missing from the kit. Employee #2 indicated she was not sure what happened to the mask. Severity: 2 Scope: 1	Y 455	Employee #2 is very aware of checking smoke detectors and must be recorded monthly. The administrator will monitor for compliance. The owner will make sure that the deficient practice will not occur again.	
Y 528 SS=F	449.260(1)(c) Activities for Residents NAC 449.260	Y 528	after the survey, on 12-20-09 the first aid kit was corrected and completed w/ mask. The administrator will monitor for compliance. The first aid kit will be available for use anytime and everything will be completed and checked.	

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Y 528	<p>Continued From page 18</p> <p>1. The caregivers employed by a residential facility shall:</p> <p>(c) Plan recreational opportunities that are suited to the interests and capacities of the residents.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide activities suited to the residents interests.</p> <p>Findings include:</p> <p>Employee #2 indicated the residents did not want to do the activities listed on the activity schedule. The employee revealed the residents did not like to leave the facility.</p> <p>Resident #1 was admitted on 1/9/07. The resident indicated she liked to read and would like to go to the library. The resident revealed she could leave the facility to do what she wanted, but had to pay for a taxi or take the bus. The resident indicated she would feel like it was an imposition to the owner to transport her to the library unless it was a planned activity.</p> <p>Resident #1 revealed the facility did not follow the activity schedule posted in the facility.</p> <p>Resident #4 indicated she would like to listen to music.</p> <p>During the survey, two residents walked around the living room for a few minutes then went to the family room and sat on the couch. This was noted to be exercise time.</p>	Y 528	<p><i>after the survey, on 12-20-09, the activity schedule was corrected and will be suited to the interests and capacities of the residents.</i></p> <p><i>The administrator will monitor for compliance. Resident #1 can go to the library anytime she wishes. Resident #4 has a radio to listen to anytime. This deficiency will not occur again. check daily on residents interest.</i></p>	

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Y 528	Continued From page 19 Severity: 2 Scope: 3	Y 528		
Y 773 SS=D	<p>449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes</p> <p>NAC 449.2726</p> <p>1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:</p> <p>(a) The resident's glucose testing is performed by:</p> <p>(1) The resident himself, without assistance; or</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure blood glucose testing for 1 of 1 diabetic residents was performed by the residents themselves without assistance (Resident #6).</p> <p>Findings include:</p> <p>Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. Diagnoses included Alzheimer's Disease, Dementia, Diabetes, Diverticulitis, Congestive Heart Failure and Chronic Atrial Fibrillation.</p> <p>A record of capillary blood sugars was noted in the resident file. The results were documented twice a day.</p> <p>Employee #2 revealed she would check the residents blood sugar twice a day. The resident was receiving Insulin twice a day.</p> <p>Severity: 2 Scope: 1</p>	Y 773	<p>Evaluate the residents criteria to make sure that the incident will not happen again.</p> <p>after the survey, resident #6 is no longer in the facility.</p> <p>This incident will not occur again.</p> <p>The administrator will monitor for compliance.</p>	

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Y 859	Continued From page 20	Y 859		
Y 859 SS=F	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain the results of an initial and/or annual physical examination for 4 of 6 residents (Resident #1, #2, #3 and #5).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 1/9/07 with diagnoses including Hypertension and Hypothyroidism. The resident's record failed to provide documented evidence of the results of an initial physical examination for 2007 or an annual physical examination for 2008.</p> <p>Resident #2 was admitted on 11/24/06 with diagnoses including Advanced Dementia, Hypertension, Cardiac Arrhythmia, Improved Anemia and Urinary Tract Infection. The initial physical exam was completed on 11/24/06. The resident's record failed to provide documented evidence of the results of an annual physical</p>	<p>Y 859</p> <p>Y 859</p> <p>4859</p> <p>See enclosed documents for resident 1, 2 & 3 as completed.</p> <p>after the survey, resident 1, 2 & 3 had their annual physical exam with their physician.</p> <p>Resident #5 is no longer in the facility.</p> <p>Resident #1 was done on 1-21-09.</p> <p>Resident #2 was done on 2-18-09.</p> <p>Resident #3 was done on 2-10-09.</p> <p>The administrator will monitor for compliance.</p>		

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Y 870	<p>Continued From page 22</p> <p>the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 4 of 5 residents residing in the facility for longer than six months (Resident #1, #2, #5 and #6).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 1/9/07. There was no medication profile review in the record.</p> <p>Resident #2 was admitted to the facility on 11/24/06. There was no medication profile review in the record.</p> <p>Resident #5 was admitted to the facility on 2/1/07 and transferred on 1/15/08. There was no medication profile review in the record.</p> <p>Resident #6 was admitted to the facility on 10/27/03 and discharged on 11/7/08. There was one documented medication profile review in the record dated 5/6/08.</p> <p>Severity: 1 Scope: 3</p>	Y 870	<p>on 12-20-09</p> <p>after the survey, resident #1, 2 was provided with medication profile review made by their physician.</p> <p>The administrator will monitor every 6 months for compliance.</p> <p>Resident 5 & 6 is no longer in the facility.</p> <p>this practice will not occur again.</p> <p>The owner will monitor too, for compliance.</p>	
Y 876 SS=C	449.2742(4) NRS 449.037	Y 876		

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Y 876	<p>Continued From page 23</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 <NRS and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons:</p> <p>6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>Based on record review, the facility failed to ensure an ultimate user agreement was signed for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p>	Y 876	<p><i>See enclosed documents as complied.</i></p> <p><i>in 12-20-09</i></p> <p><i>after the survey, all residents were provided with an ultimate user agreement signed by each one.</i></p> <p><i>The administrator will monitor for compliance this practice will be completed and corrected.</i></p>	

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Y 876	Continued From page 24 Resident #1 was admitted on 1/9/07. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #2 was admitted on 11/24/06. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #3 was admitted on 2/1/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #4 was admitted on 8/7/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #5 was admitted on 2/1/07. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #6 was admitted on 10/27/03. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Employee #2 indicated she was not aware the residents required a user agreement. Severity: 1 Scope: 3	Y 876			
Y 877 SS=F	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742	Y 877	<i>on 12-20-09, all residents were provided with ultimate user agreement signed by each one. This deficiency will not occur again. The owner will monitor for compliance. The administrator and owner will assist the agreement on a yearly basis, that it will be implemented. See enclosed documents as complied.</i>		

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Y 877	<p>Continued From page 25</p> <p>5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain physician orders to administer over-the-counter (OTC) medications for 3 of 6 residents (Resident #2, #3 and #6).</p> <p>Findings include:</p> <p>1. Resident #2 was admitted on 11/24/06 with diagnoses including Advanced Dementia, Hypertension, Cardiac Arrhythmia, Improved Anemia and Urinary Tract Infection.</p> <p>The December 2008 medication administration record indicated the resident was receiving Calcium 500 +D three times a day, Aspirin 325 milligrams (mg) once a day and One daily for Women one time a day. The medication administration records indicated the resident had received the medications for the past 6 months. There was no documented evidence of a physician order for the medications.</p>	Y 877	<p>12-20-09</p> <p>after the survey, the facility did obtain physician orders to administer over-the-counter medications for all residents. The administrator will monitor for compliance. The owner will see to it that the deficiency will not occur again.</p>		

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Y 877	<p>Continued From page 26</p> <p>Employee #2 reported the physician told her she did not need a prescription due to the medications could be purchased over the counter.</p> <p>2. Resident #3 was admitted on 2/1/08 with diagnoses including Osteoporosis, Hypothyroidism, Hypertension, Hyperlipidemia, Vertebral Compression Fracture, Subdural Hematoma and Mechanical Fall.</p> <p>The December 2008 medication administration record indicated the resident was receiving Centrum Silver at 8 AM. The medication administration records indicated the resident had received the medication for the past 6 months. There was no documented evidence of a physician order for the medications.</p> <p>Employee #2 reported the physician told her she did not need a prescription due to the medications could be purchased over the counter.</p> <p>3. Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. Diagnoses included Urinary Tract Infection, Psychosis, Dementia, Hypertension, Depression, Memory Loss, History of Seizure Disorder, History of Gastroenteritis, Anxiety Disorder and Panic Disorder with Agoraphobia.</p> <p>The November 2007, December 2007 and January 2008 medication administration record indicated the resident was receiving a multivitamin once a day. There was no documented evidence of a physician order for the medication.</p>	Y 877	<p>on 12-20-09, the owner ask all physician to write a prescription on all over the counter drugs for all residents who needs it. this practice will not occur again.</p> <p>Resident #5 is no longer in the facility. This deficiency was corrected will not happen again.</p>	

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Y 877	Continued From page 27 4. Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. Diagnoses included Alzheimer's Disease, Dementia, Diabetes, Diverticulitis, Congestive Heart Failure and Chronic Atrial Fibrillation. The November 2008 medication administration record indicated the resident was receiving Calcium 600 three times a day and a multivitamin once a day. There was no documented evidence of a physician order for the medications. Severity: 2 Scope: 3	Y 877	<i>Resident #6 is not living in the facility. this deficiency will not occur again.</i>	
Y 878 SS=1	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 4 of 6 residents (Resident #1, #2, #3 and #5). Findings Include:	Y 878		
		Y 878	<i>m 12-30-09 after the survey, all medications were corrected; prescribed by each physician. the administrator will monitor for compliance.</i>	

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Y 878	<p>Continued From page 29</p> <p>On 10/18/08, Namenda 5 milligram give one tablet daily was filled at the pharmacy. Thirty tablets were distributed. The day of survey, there were 3 tablets left in the container.</p> <p>Employee #2 revealed she put November and December pills in the October container of Namenda. She indicated another pharmacy was delivering the medication and it was not cost effective. When the employee was notified the pills were filled by the initial pharmacy, the employee then indicated the facility was using the pharmacy the employee stated was to expensive.</p> <p>On 12/19/08 at 8:50 AM, the surveyor spoke with the pharmacist at the pharmacy. The pharmacist indicated Namenda had not been refilled in November.</p> <p>On 10/15/08, Digoxin 0.125 milligram give one tablet daily was filled at the pharmacy. Ninety tablets were distributed. Upon examination of the medication, there were three different size of tablets in the prescription container. Employee #2 was requested to count the medication remaining in the prescription bottle. There were 67 tablets of a large yellow pill, 14 tablets of a medium yellow pill and 63 tablets of a small yellow pill. The October medication administration record indicated the Digoxin was discontinued on 10/15/08.</p> <p>Employee #2 indicated the physician stopped the Digoxin due to the recall of the medication. There was no documented evidence of a physician order to stop Digoxin. The employee revealed she picked up the new prescription refill for Digoxin on 10/15/08 since it was already filled and the resident may need them in the future. The employee was unable to explain why there</p>	Y 878	<p><i>on 12-20-09</i></p> <p><i>4878 after the survey, all medications were corrected and checked for all residents.</i></p> <p><i>The administrator will monitor for compliance. The owner will make sure that all medications will be checked everyday.</i></p> <p><i>This deficiency will not occur again.</i></p> <p><i>Will check all medications on a daily basis as completed.</i></p>		

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Y 878	<p>Continued From page 30</p> <p>were three different types of pills in the Digoxin container.</p> <p>On 12/19/08 at 8:50 AM, the surveyor spoke with the pharmacist at the pharmacy. The pharmacist identified 3 different manufacturers of Digoxin from the numbers on the tablets. The pharmacist indicated the Digoxin their pharmacy used was the medium yellow pill.</p> <p>On 12/23/08 at 12:45 PM, the surveyor spoke with the pharmacist at the pharmacy where the medications were filled. The pharmacist revealed the Digoxin recall was in April 2008.</p> <p>On 7/14/08, Alprazolam 0.25 milligram give 1 tablet two times a day was filled at the pharmacy. Employee #2 was requested to count the medication remaining in the prescription bottle. There were 110 pills left in the container.</p> <p>Employee #2 indicated she dumped the new pills into the older container. There was no medication log available to review to reveal when the medication was delivered to the facility.</p> <p>3. Resident #3 was admitted on 2/1/08 with diagnoses including Osteoporosis, Hypothyroidism, Hypertension, Hyperlipidemia, Vertebral Compression Fracture, Subdural Hematoma and Mechanical Fall.</p> <p>The prescription container dated 11/19/08 indicated L-Thyroxine 88 micrograms to be given daily. The June medication administration record showed Levothyroxine was changed to 88 micrograms. There was no specific date noted on the medication administration record of the date the prescription was changed. There was no documented evidence in the resident file of a</p>	Y 878	<p><i>after the survey, 01-12-2009</i></p> <p><i>all medications were checked and corrected for all residents.</i></p> <p><i>The administrator will monitor for compliance.</i></p> <p><i>The owner will check all medications on a daily basis.</i></p> <p><i>This deficiency practice will not happen again.</i></p> <p><i>We'll be very careful about the dosage of each medication for each resident.</i></p>		

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Y 878	<p>Continued From page 31</p> <p>doctor's order changing the dose of medication.</p> <p>The medication administration records for July, August, September, October, November and December 2008 indicated Levothyroxine 0.100 milligrams to be given daily.</p> <p>On 2/22/08, a prescription for Alprazolam 0.25 milligrams give one twice daily only as needed if anxious or agitated. The medication administration record from March 2008 through December 2008 indicated the medication was administered at 6 PM. The medication was documented as given for 12/18/08. The medication was not found in the residents medication container.</p> <p>Employee #2 indicated the daughter must have the medication. The employee indicated the medication was given every night because the resident's daughter wanted her to have it. The employee revealed the residents daughter took the medication due to she did not want her mother on the medication anymore.</p> <p>The resident's daughter arrived at the facility on 12/19/08 at 1:55 PM. The daughter revealed the physician had stopped the Alprazolam. She was not aware she needed to bring a prescription to the facility from the physician.</p> <p>On 3/3/08, Lipitor 10 milligram give 1 tablet daily was filled at the pharmacy. Ninety tablets were given. Employee #2 was requested to count the medication remaining in the prescription bottle. There were 47 pills left in the container.</p> <p>Employee #2 indicated she dumped the new pills into the older container. There was no medication log available to review to reveal when</p>	Y 878	<p><i>on 12-20-09, all medications were corrected and checked and it will check on a daily basis. this deficiency will not occur again. The administrator and owner will monitor for compliance.</i></p>		

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Y 878	<p>Continued From page 32</p> <p>the medication was delivered to the facility.</p> <p>4. Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. Diagnoses included Urinary Tract Infection, Psychosis, Dementia, Hypertension, Depression, Memory Loss, History of Seizure Disorder, History of Gastroenteritis, Anxiety Disorder and Panic Disorder with Agoraphobia.</p> <p>Upon discharge from a local hospital on 5/16/07, the following medications were ordered</p> <ol style="list-style-type: none"> 1. Alprazolam 0.5 milligrams two times a day for anxiety. Next dose due 5/16/07 at 9pm. 2. Lexapro 10 milligrams daily for depression. Next dose due 5/17/07 at 8am. 3. Namenda HCL 5 milligrams two times a day for dementia. Next dose due 5/16/07 at 9pm. 4. Levothroid 25 micrograms daily before meal for hypothyroidism. Next dose due 5/17/07 at 7am. 5. Metoprolol 50 milligrams two times a day for hypertension. Next dose due 5/16/07 at 9pm. 6. Dilantin 200 milligrams two times a day. Next dose due 5/16/07 at 9pm. 7. Ambien 10 milligrams at bedtime if needed for insomnia. <p>The May 2007 and June 2007 medication administration record indicated the resident received Phenytoin Sodium (Dilantin) 100 milligrams at 8 am, 12 noon and 6pm, Levothyroxine 0.05 milligram at 8am, Metoprolol 25 milligram at 8am and 6 pm, Lisinopril 10 milligram at 8am and Warfarin Sodium 5 milligram at 6pm.</p> <p>The July 2007 and August 2007 medication administration record indicated the resident</p>	Y 878	<p>on 12-20-09, all medications were corrected and checked. The owner and the administrator will see to it that all medications were admin- istered correctly. this deficiency will not occur again.</p>		

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Y 878	<p>Continued From page 33</p> <p>received Zolidem 10 milligram 6 pm, Metoprolol 50 milligram at 8 am and 6 pm, Lexapro 10 milligram at 8 am and Alprazolam .5 milligram at 6pm. There was no documented evidence of physician orders for the discontinuation of Alprazolam, Namenda, Warfarin, Lisinopril, Levothyroxine or Dilantin.</p> <p>The September 2007 medication administration record indicated the resident received Zolidem 10 milligram at 6 pm, Metoprolol 50 milligram at 8 am and 6 pm and Alprazolam 0.5 milligram at 6 pm. There was no documented evidence of a physician order for the discontinuation of Lexapro.</p> <p>The October 2007 medication administration record indicated the resident received Metoprolol 50 milligrams at 8 am and 6 pm and Alprazolam 0.5 milligrams at 6 pm. There was no documented evidence of a physician order for the discontinuation of Alprazolam.</p> <p>The November 2007, December 2007 and January 2008 medication administration record indicated the resident received Metoprolol 50 milligrams at 8 am and 6 pm, multivitamin at 8 am and Alprazolam 0.5 milligrams at 6 pm. There was no documented evidence of a physician order for the order of multivitamins.</p> <p>Severity: 3 Scope: 3</p> <p>Complaint #NV00017024</p>	Y 878	<p><i>on 12-20-09 all medications were corrected and checked properly. the owner and administrator will monitor for compliance. this deficiency will not occur again.</i></p>	
Y 884 SS=D	<p>449.2742(8) Medication Administration</p> <p>NAC 449.2742</p> <p>8. An employee of a residential facility shall not</p>	Y 884		

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Y 884	<p>Continued From page 34</p> <p>draw medication into a syringe or administer an injection unless authorized by law to do so.</p> <p>This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure the employee would not draw medication into a syringe for 1 of 6 residents (Resident 6).</p> <p>Findings include:</p> <p>Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. Diagnoses included Alzheimer's Disease, Dementia, Diabetes, Diverticulitis, Congestive Heart Failure and Chronic Atrial Fibrillation.</p> <p>Novolin 70/30, 10 Units before breakfast and 5 Units before supper were ordered to be given subcutaneously.</p> <p>Employee #2 revealed she would draw up the resident's insulin into the syringe to make sure the resident received the correct dose. The employee indicated the resident would then give her own injection.</p> <p>Severity: 2 Scope: 1</p>	Y 884	<p><i>after the survey, resident #6 is no longer in the facility. this deficiency will not occur again. the administrator and owner will monitor for compliance.</i></p>	
Y 890 SS=C	<p>449.2744(1)(a)(1) Medication / Receipt Log</p> <p>NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the</p>	Y 890		

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Y 890	Continued From page 35 facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a Medication Receipt Log for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Findings include: There was no documented evidence of a medication receipt log kept in the facility or the resident's files. Employee #2 indicated no one told her she needed to keep a medication log. Severity: 1 Scope: 3	Y 890	<i>on 12-20-09 after the survey, the facility provided each residents a medication receipt log, and it will be maintained in the residents file correctly. The administrator will monitor for compliance. This deficiency will not occur again.</i>	
Y 922 SS=B	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician.	Y 922	<i>see enclosed receipt logs for residents.</i>	

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Y 922	<p>Continued From page 36</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were plainly labeled for 2 of 4 residents who had medications in the facility (Resident #2 and #3).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 11/24/06. A bottle of Aspirin, Calcium and One Daily for Women were located in the resident's medication basket and were not labeled with the resident's name or the name of the prescribing physician.</p> <p>Resident #3 was admitted on 2/1/08. A bottle of Centrum Silver was located in the resident's medication basket was not labeled with the resident's name or the name of the prescribing physician.</p> <p>Employee #2 revealed she was not aware the bottle needed to be labeled with the name of the resident and the physician.</p> <p>Severity: 1 Scope: 2</p>	Y 922	<p><i>on 12-20-09 after the survey, medications for resident #2 & #3 were labeled as complied. the administrator will monitor for compliance. this deficiency will not occur again. all medications will be labeled correctly from now on.</i></p>		
Y 923 SS=F	<p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.</p>	Y 923	<p><i>make sure that all over the counter medications will be labeled correctly with residents name as complied.</i></p>		

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Y 923	Continued From page 37 This Regulation is not met as evidenced by: Based on interview, the facility failed to keep medications belonging to 3 of 4 residents, who were receiving medications currently in the facility, in their original container (Resident #1, #2 and #3). Findings include: Employee #2 indicated revealed she would take medications out of the bubble packs and put into the plastic container. Severity: 2 Scope: 3 Complaint #NV00017024	Y 923	<i>on 12-20-09 after the survey, the facility will make sure that medications will be in their original container. It was corrected right away, after the survey. The administrator will monitor for compliance. This deficiency will not occur again. We'll make sure that original container is used properly.</i>	
Y 933 SS=C	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services.	Y 933		

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Y 933	Continued From page 38 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physician statement was completed for 4 of 6 residents (Resident #1, #3, #4 and #5). Findings include: Resident #1 was admitted on 1/9/07. There was no documented evidence in the resident file of a completed physician statement. Resident #3 was admitted on 2/1/08. There was no documented evidence in the resident file of a completed physician statement. Resident #4 was admitted on 8/7/08. There was no documented evidence in the resident file of a completed physician statement. Resident #5 was admitted on 2/1/07. There was no documented evidence in the resident file of a completed physician statement. Employee #2 indicated she was not aware a physician statement was required. Severity: 1 Scope: 3	Y 933	<i>on 12-20-09 after the survey, the facility provided a completed physician statement for resident 1, 3 + 4 in their files. this deficiency will not occur again - see 4859. Resident #5 is no longer in the facility. The administrator will monitor for compliance. this deficiency will not occur again. all residents files will contain physicians statements as required.</i>	
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place	Y 936		

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Y 936	<p>Continued From page 39</p> <p>that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a</p>	Y 936	<p><i>the file was corrected and it will contain all records related to the residents without limitation.</i></p> <p><i>this deficiency will not occur again.</i></p> <p><i>the administrator and owner will monitor for compliance.</i></p> <p><i>assess residents carefully before admitting to the facility.</i></p>	

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Y 936	<p>Continued From page 40</p> <p>person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in</p>	Y 936	<p><i>all residents will have their TB test done every year.</i></p> <p><i>the administrator and the owner will see to it that this deficiency will not occur again.</i></p> <p><i>all staff will do the same every year, about TB testing.</i></p> <p><i>see enclosed documents as compiled for all residents.</i></p>		

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Y 936	Continued From page 41 respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure	Y 936	<i>See enclosed TB test for all residents as complied.</i>	

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Y 936	<p>Continued From page 42</p> <p>that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review, the facility failed to ensure 6 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 1/9/07. The file contained documentation the resident completed the required two-step TB skin testing on 2/23/07. The file did not contain proof the resident received an annual one-step TB skin test for 2008.</p> <p>Resident #2 was admitted on 11/24/06. The file contained documentation the resident completed the first step of the required two-step TB skin testing on 11/25/06 with no results documented. The second step was given on 11/29/06 with no documentation of results. Another TB skin test was given on 12/5/06 and read as negative. The file did not contain proof the resident received an annual one-step TB skin test for 2008.</p> <p>Resident #3 was admitted on 2/1/08. The resident's file contained a negative chest x-ray report dated 1/22/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing.</p>	Y 936	<p><i>After the survey,</i></p> <p><i>Resident # 1 took her</i> <i>TB test on 3-13-09.</i></p> <p><i>Resident # 2 took her</i> <i>TB test on 2-27-09.</i></p> <p><i>Resident # 3 took her</i> <i>TB test on 2-11-09.</i> <i>The administrator will monitor</i> <i>yearly for compliance.</i></p>		

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Y 936	Continued From page 43 Resident #4 was admitted on 8/7/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 7/27/08. The file did not contain evidence the resident completed the second step. Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 1/19/07. The file did not contain evidence the resident completed the second step. The file did not contain proof the resident received an annual one-step TB skin test for 2008. Resident #6 was admitted on 10/27/03. The resident's file contained documentation the resident completed a two-step TB skin test on 8/8/04. The file contained evidence the resident completed a two-step TB skin test on 10/13/07. The file did not contain proof the resident received an annual one-step TB skin test for 2005, 2006 and 2008. Employee #2 indicated she thought TB testing was every two years. Severity: 2 Scope: 3 This is a repeat deficiency from the survey on 8/21/07.	Y 936	<i>after the survey resident #4 took her TB test on 3-13-09.</i> <i>Resident #5 is no longer in the facility.</i> <i>Resident #6 is no longer in the facility.</i> <i>The administrator will monitor yearly for compliance. this deficiency will not occur again.</i> <i>The owner will check about deficiency for compliance.</i> <i>Make sure that TB testing will be done in January each year.</i>		
Y 938 SS=A	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each	Y 938			

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Y 938	<p>Continued From page 44</p> <p>resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an initial assessment for 2 of 6 residents for their abilities to perform the activities of daily living (ADL) (Resident #2 and #5).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 11/24/06. The ADL assessment was completed on 3/7/07. There was no other ADL assessment in the resident file.</p> <p>Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. There was no documented evidence of a completed ADL assessment on admission.</p> <p>Severity: 1 Scope: 1</p>	Y 938	<p><i>check all ADL every six months for compliance.</i></p> <p><i>on 12-20-09</i></p> <p><i>after the survey, the facility made a complete ADL for residents #2.</i></p> <p><i>Resident 5 is no longer in the facility.</i></p> <p><i>The administrator will monitor for compliance again.</i></p>		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3105AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2008
NAME OF PROVIDER OR SUPPLIER BILLMAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3646 BILLMAN AVE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 940	Continued From page 45	Y 940		
Y 940 SS=C	<p>449.2749(1)(g)(3) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(3) In any event, not less than once each year.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living (ADL) for 4 of 4 residents residing in the facility longer than a year (Resident #1, #2, #5, #6).</p> <p>Findings include:</p> <p>Resident #1 was admitted 1/9/07. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008.</p>	<p>Y 940</p> <p>on 12-20-09, a separate file was maintained and corrected for each resident. an annual evaluation will be performed.</p> <p>This deficiency will not occur again.</p> <p>The administrator and nurse will check & monitor for compliance.</p> <p>on 12-20-09 after the survey, the facility made a completed ADL for residents #1 & 2. The administrator will monitor for compliance.</p>		

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Y 940	Continued From page 46 Resident #2 was admitted 11/24/06. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Employee #2 indicated she thought the residents only needed the ADL assessment completed on admission. Severity: 1 Scope: 3	Y 940	<i>y940 Resident #5 is no longer in the facility.</i> <i>Resident #6 is no longer in the facility.</i> <i>This kind of deficiency will not happen again.</i>	
Y 960 SS=D	449.2754(1) Alzheimer's endorsement NAC 449.2754 1. A residential facility which offers or provides care for residents with Alzheimer's disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease. This Regulation is not met as evidenced by: Based on record review, the facility failed to provide a license with an endorsement to provide care to persons with dementia (Resident #2 & #6).	Y 960	<i>The administrator and owner will monitor for compliance.</i> <i>See enclosed for the residents completed ADL as completed.</i> RECEIVED APR 10 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

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Y 960	<p>Continued From page 47</p> <p>Findings include:</p> <p>Resident #2 was admitted on 11/24/06 with diagnoses including Advanced Dementia, Hypertension, Cardiac Arrhythmia, Improved Anemia and Urinary Tract Infection.</p> <p>Resident #6 was admitted on 10/27/03 and discharged on 11/7/08. Diagnoses included Alzheimer's Disease, Dementia, Diabetes, Diverticulitis, Congestive Heart Failure and Chronic Atrial Fibrillation.</p> <p>The facility license did not have an Alzheimer's endorsement. The three employees of the facility did not have any training in relation to Alzheimer's disease in 2008.</p> <p>Employee #2 indicated the physician and family requested Resident #2 remain in the facility since her sister also lived in the facility. The employee indicated she would notify the family of inappropriate placement in the facility.</p> <p>Employee #2 indicated Resident #6 had expired.</p> <p>Severity: 2 Scope: 1</p> <p>Complaint #NV00017024</p>	Y 960	<p><i>after the survey, Resident #2 was re-evaluated & has no dementia.</i></p> <p><i>Resident #6 is no longer in the facility.</i></p> <p><i>The facility will make sure not to take Alzheimer's clients, anymore.</i></p> <p><i>The administrator will monitor for compliance.</i></p> <p><i>The owner will be very careful in taking clients.</i></p> <p><i>This deficiency will not happen or occur again.</i></p> <p><i>Evaluate the residents criteria, before admitting the resident.</i></p> <p><i>Enclosed are the physician's assessment for each of the residents.</i></p>	
YA566 SS=D	<p>449.267(2)(a-c) Money & Property of Residents</p> <p>NAC 449.267</p> <p>2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include:</p> <p>(a) A separate accounting of the money held by the facility on behalf of the resident;</p>	YA566		

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YA566	<p>Continued From page 48</p> <p>(b) Receipts for expenditures made by the facility on behalf of the resident; and</p> <p>(c) A written acknowledgement by the resident for each withdrawal of his money.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 residents signed a written statement allowing the facility to handle their money (#5).</p> <p>Findings include:</p> <p>Resident #5 was admitted on 2/1/07 and transferred on 1/15/08. The resident's record did not contain a signed statement allowing the facility to handle her money.</p> <p>Employee #2 confirmed the written statement was not in the record. The employee indicated the resident would just sign over her social security check. The employee revealed she would spend any left over money on the resident.</p> <p>Scope: 2 Severity: 1</p> <p>Complaint #NV00017024</p>	YA566	<p>on 12-20-09</p> <p>after the survey, the facility will make sure that receipts and written acknowledgment will be provided to residents about money matters.</p> <p>The administrator will monitor for compliance. This deficiency will not occur again.</p> <p>all deficiencies made in 2008 will not occur again. We learn from our mistakes. This year will be better, as complied.</p>		

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